

**830 – QUALITY OF CARE AND FEE-FOR-SERVICE PROVIDER REQUIREMENTS**

EFFECTIVE DATE: 01/08/20

APPROVAL DATE: 10/17/19

**I. PURPOSE**

This Policy applies to Fee-For-Service (FFS) Programs including: AIHP, Tribal ALTCS, TRBHA, FFS Regular, FFS Temporary, FFS Prior Quarter, Hospital Presumptive Eligibility, including Federal Emergency Services (FES) (For FES, see AMPM Chapter 1100), and all FFS providers. This Policy establishes requirements regarding reporting of Quality of Care (QOC) concerns, Incident, Accident, Death (IAD) reports, and Health and Safety conditions, including requirements for FFS providers to comply with state licensure requirements, on-site inspections, and/or requests for information, including documentation; and establishes requirements regarding FFS provider responsibilities during member transitions. Quality of care responsibilities for Tribal ALTCS and the TRBHAs are specified in their respective Intergovernmental Agreements (IGAs).

**II. DEFINITIONS**

<b>DFSM QUALITY MANAGEMENT (QM)</b>	A unit within the AHCCCS Division of Fee-For-Service Management (DFSM) that oversees FFS quality management activities, including but not limited to, Quality of Care (QOC) investigations and Health and Safety inspections.
<b>FEE FOR SERVICE (FFS) PROVIDER</b>	Any AHCCCS registered provider who provides services to FFS members.
<b>HEALTH AND SAFETY CONDITION</b>	A situation in which a member receiving an AHCCCS covered service has suffered or is likely to suffer injury, harm, impairment, or death as a result of a FFS Provider's noncompliance with their AHCCCS Provider Participation Agreement (PPA).
<b>INCIDENT, ACCIDENT OR DEATH (IAD)</b>	An unexpected occurrence that harms or has the potential to harm a person, and/or a death or sentinel event.
<b>QUALITY OF CARE CONCERN (QOC)</b>	An allegation that any aspect of care, or treatment, utilization of behavioral health services or utilization of physical health care services that caused or could have caused an acute medical/psychiatric condition or an exacerbation of a chronic medical/psychiatric condition and may ultimately cause the risk of harm to an AHCCCS member.

### **III. POLICY**

The AHCCCS Division of Fee-for-Service Management (DFSM) Quality Management (QM) Unit investigates QOC concerns, IADs, and Health and Safety Conditions for members enrolled in FFS Programs in accordance with U.S.C. §1396a(a)(30)(A).

The Tribal ALTCS and TRBHA programs shall participate in the investigation of Quality of Care Concern (QOC) concerns, Incident, Accident or Death (IAD)s and Health and Safety Conditions related to their enrolled members, in accordance with applicable IGAs and in coordination with AHCCCS.

Reports of QOC concerns and service issues may be raised at AHCCCS internally or externally by members/Health Care Decision Makers and designated representatives, providers, and stakeholders, from anywhere in the community.

The AHCCCS Provider Participation Agreement (PPA) provides the authority for DFSM to ensure that FFS providers comply with all applicable state and federal rules and regulations, including alignment with state licensure requirements, as well as AHCCCS rules and policies relating to the audit of provider records and the inspection of the provider's facilities. FFS providers are responsible for adhering to the requirements specified in all applicable AHCCCS policies, including this Policy. For specific requirements applicable to Tribal ALTCS and the TRBHAs, refer to the respective IGA.

#### **A. REQUIREMENTS FOR REPORTING**

FFS providers shall submit reportable QOC concerns and IAD reports, to include but not limited to abuse, neglect, injury, access to care issues, exploitation, suicide attempts, substance use disorders/opioid-related concerns, healthcare acquired conditions and high profile cases to AHCCCS through the AHCCCS online Quality Management System (QMS) portal. FFS providers should report as soon as the FFS provider is aware and no later than 24 hours.

For provider information on registering for the QMS portal, visit the AHCCCS website. If the portal is unavailable, the QOC may be reported via the Access to Covered Medicaid Services web form via email, or telephone. This information can be found on the AHCCCS Contacts webpage.

Suspected cases of abuse, neglect, and exploitation of a member shall also be reported by the FFS provider to Adult Protective Services (APS), Department of Child Safety (DCS), and other authorities as appropriate.

For members enrolled in a TRBHA, FFS providers shall coordinate and report information to the TRBHA of enrollment.

For members enrolled in Tribal ALTCS, FFS providers shall coordinate and report information to the member's Tribal ALTCS Case Manager.

For Tribal members residing on Tribal lands, Tribal Case managers shall determine which Tribal program is responsible for handling these issues in their area. The State of Arizona APS may have jurisdiction to investigate reports that occurred on tribal land involving non-tribal vulnerable adults with the written invitation of the tribal council, in accordance with A.A.C. R6-8-204. The State of Arizona DCS program does not have jurisdiction on reservation land to intervene in cases of abuse, neglect, or exploitation.

Documentation related to the suspected abuse, neglect or exploitation, including the reporting of such, shall be kept in a file, separate from the member's case file, that is designated as confidential. The confidentiality of this information is protected under A.R.S. §36-2917, and A.A.C. R9-22-512.

The resolution of member QOC concerns shall be coordinated with AHCCCS/DFSM QM.

#### **B. REQUIREMENTS FOR HEALTH AND SAFETY CONDITIONS**

FFS Providers shall identify a member's health plan of enrollment and coordinate care with any health plans, agencies, providers, or other entities involved in the member's care. FFS Providers should make every effort to resolve a Health and Safety Condition with minimal exposure of the FFS member to the adverse situation or environment. FFS Providers retain responsibility for member safety, care coordination, a safe discharge, and/or transition of care, and shall work with AHCCCS/DFSM QM and TRBHAs and/or Tribal ALTCS Programs to ensure that if warranted, FFS members are re-located to a safe environment.

All QOC concern information shall be entered into the AHCCCS QMS portal. FFS Providers shall cooperate with requests for FFS member information from AHCCCS and/or TRBHAs/Tribal ALTCS Programs and any potential requests for AHCCCS/DFSM QM and/or TRBHAs/Tribal ALTCS Programs to interview a FFS member.

#### **C. REQUIREMENTS DURING MEMBER TRANSITIONS AND/OR DISCONTINUATION OF SERVICES**

In addition to FFS Provider responsibilities regarding a Health and Safety Condition, FFS members may require movement to a safe environment due to discontinuation of services or during other transitions of care. FFS Providers shall identify and facilitate movement and coordinate care for FFS Members transitioning to other Providers. This includes changes in service areas or any special circumstances which can require additional assistance, including but not limited to those specified in AMPM Policy 520. FFS Providers shall coordinate with Health Care Decision Makers and Representatives, Tribal

ALTCS, and/or TRBHA case managers and other entities serving FFS Members as required.

FFS Providers shall retain the responsibility to coordinate with any additional agencies that could have implications on FFS member movement including, but not limited to:

1. APS.
2. DCS.
3. Probation/Parole offices.
4. Tribal Social Services.

FFS Providers shall be aware and comply with the Arizona Department of Health Services, Division of Licensing who can conduct separate health and safety actions under their guidelines which could also warrant FFS member movement. The AHCCCS Office of the Inspector General (OIG) pursuant to State and Federal Law is required under certain circumstances to act to suspend, terminate, or exclude any person (individual or entity) from participation in the AHCCCS program.